

**APPLICATION FOR EXAMINATION**

**\$125 MICHIGAN RESIDENT** \_\_\_\_\_

**\$175 Non- RESIDENT** \_\_\_\_\_

**APPLICANT INFORMATION**

NAME (Last, First, Middle Initial):

ADDRESS (Street Number and Street Name):

COUNTY

CITY

STATE

ZIP

HOME PHONE (with area code)

EMAIL ADDRESS

BUSINESS PHONE

CELL OR TEXT NUMBER:

**QUALIFYING QUESTIONS**

**YES**

**NO**

1. Are you 18 years of age or older?

2. Do you have a high school diploma or General Education Development (GED) certificate?  
**REQUIRED:** Attach a copy of unofficial college transcripts, or diploma, or GED to this application.

3. Have you ever held or do you currently hold any sign language credentials?  
 If yes, attach documentation from all other certifying agencies.

4. Have you ever been convicted, found guilty or plead no contest to a felony?

If yes, attach detailed explanation and documentation.

5. Have you ever been found in violation of the Deaf Persons' Interpreters Act 1982 PA 204 amended 2007?

6. Have you taken and passed the Test of English Proficiency (TEP)?

**TEST APPLYING TO TAKE**

☐ **TEP**

☐ **TEP Retest**

Note: The prerequisite for the MI BEI performance test is the successful passage of the MI BEI written Test of English Proficiency (TEP). You may not schedule a performance test until you have received results of passing the written test from DODHH. You will only need to take and pass the TEP once.

☐ **BEI I:** Noncertified applicants, QA 1 and QA 2 must begin at this level.

☐ **BEI I: Retest**

☐ **BEI II:** Interpreters currently certified at BEI I or QA III; RID: CI or CT CSC, NIC, NAD 3 are eligible for testing at this level or BEI I

☐ **BEI II: Retest**

☐ **BEI III:** Interpreters currently certified at BEI II; NIC ADV, NIC Master; NAD 4 or 5 are eligible for BEI testing at this level or lower level.

☐ **BEI III: Retest**

## CODE OF PROFESSIONAL CONDUCT

### Tenets

1. Interpreters adhere to standards of confidential communication.
2. Interpreters possess the professional skills and knowledge required for the specific interpreting situation.
3. Interpreters conduct themselves in a manner appropriate to the specific interpreting situation.
4. Interpreters demonstrate respect for consumers.
5. Interpreters demonstrate respect for colleagues, interns, and students of the profession.
6. Interpreters maintain ethical business practices.
7. Interpreters engage in professional development.

I agree to follow the NAD-RID Professional Code of Conduct and to fully cooperate in any disciplinary reviews or fact finding investigation initiated by the Division on Deaf and Hard of Hearing. The full version of the Code of Professional Conduct may be obtained from the DODHH office or the RID Web site at [www.rid.org](http://www.rid.org).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## SECTION IX: CERTIFYING STATEMENTS

I certify that I am 18 or older, and that I have completed a minimum of high school diploma or GED.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I agree to hold in the strictest confidence all aspects of the confidential MI BEI testing materials. This includes, but is not limited to, content, topics, vocabulary or the identity of actors on test DVDs. I understand that failure to adhere to this confidentiality commitment may result in denial or forfeiture of my application for certification and possible suspension or revocation of my current certification.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I understand that I am required to update answers or information submitted herewith if the response or the information changes during the period the application is pending. I consent to a reasonable inquiry that may be necessary to verify the information I have provided on or in conjunction with this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I hereby understand that the rules and regulations for 1982 PA 204 amended 2007; governing Sign Language Interpreters in Michigan are still awaiting promulgation. I agree that upon completion of promulgation that I will completely review the standards set forth in said document.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I hereby understand that the rules and regulations 1982 PA 204, amended 2007, governing Sign Language Interpreters in Michigan are still awaiting promulgation. I agree that upon completion of promulgation that I will amend this statement to indicate my receipt of the promulgated rules.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

I have read, understand and will adhere to the MDCR DODHH MI BEI Study Guide and the MI Requirements for Credentialed Sign Language Interpreters documents. I hereby understand that the MI BEI requires credentialed interpreters to earn continuing education units or BEI units to maintain certification and pay a fee annually. Failure to submit the mandated fees or BEI units will result in certification lapse, late fees, and/or will require re-test and may result in non-compliance as required by the Act.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## **SUBMITTAL INSTRUCTIONS**

Mail application form (check or money order ONLY) and supporting documentation payable to the State of Michigan: The Division cannot accept in person payments. Questions should be directed to the DODHH at (517) 335-6004 or (877) 499-6232.

**\*\*US MAIL ONLY\*\*** (See DODHH application/renewal mail policy below)

**Michigan Department of Civil Rights  
Division on Deaf and Hard of Hearing  
Attn: Test Application  
PO Box 30681  
Lansing, MI 48909-8181**

## **ADA ACCOMMODATIONS**

MDCR DODHH is committed to providing equal access to interpreter certification applicants and candidates. Requesting an accommodation and submitting documentation of need from a certified diagnosing professional are the first steps to advising DODHH of your disability. All requests are reviewed by the Director of the Division for a determination. All accommodations requests must be submitted in writing with all required documents with the test application. When a determination is made, the DODHH will notify you of the outcome and proceed accordingly. The DODHH cannot make accommodations that would fundamentally alter the nature of the test.

DODHH requires documentation from a certified diagnosing professional (a physician, psychiatrist, or psychologist) that is dated less than two years before the application for the TEP. This documentation must:

- specify how your disability substantially limits your ability to take this examination under current testing standards,
- provide guidance about modifications recommended to enable you to test, and
- be submitted on the certified diagnosing professional's letterhead.

**MICHIGAN DEPARTMENT OF CIVIL RIGHTS  
DIVISION ON DEAF AND HARD OF HEARING**

**POLICY FOR SUBMITTING TEST APPLICATIONS, CREDENTIAL  
RENEWALS AND CREDENTIAL LISTING FOR  
STATE OF MICHIGAN SIGN LANGUAGE INTERPRETERS**

The Division on Deaf and Hard of Hearing (DODHH) does not accept test applications, credential renewals or credential listing paperwork or any payments in the DODHH office. This is for the safety and security of our staff and to assure that payments are properly accounted for as well as an accounting policy.

All DODHH test applications, credential renewals or credential listings must be mailed through the US Post Office for processing and will be delivered to the State of Michigan mailroom. \*Please use the mailing address listed on the respective forms. After payments are received at the mailroom the paperwork is then transferred to the State of Michigan Cashier's office for payment deposit and confirmation then sent to the DODHH office for final processing. PLEASE NOTE: This process can take up to 10 to 14 business days or more depending on state observed holidays.

\*Sending paperwork through priority mail options may not expedite the total process.

Thank you for your cooperation and assistance.